

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09/646876**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		7		1		
9		7		1		
10		7		1		
11		7		1		
12		0		1		
13		0		1		
14		0		1		
15		0		1		
16		1		1		
17		1		1		
18		1		1		
19		1		1		
20		1		1		
21		5		1		
22		0		1		
23		1		1		
24		1		1		
25		1		1		
26		1		1		
27		1		1		
28		1		1		
29		1		1		
30		1		1		
31		7		1		
32		7		1		
33		7		1		
34		0		1		
35		0		1		
36		1		1		
37		0		1		
38		0		1		
39		0		1		
40		0		1		
41		0		1		
42		2		1		
43		1		1		
44		1		1		
45		1		1		
46		1		1		
47		0		1		
48		1		1		
49		1		1		
50		2		1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS						

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		
52						
53						
54						
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96						
97						
98						
99						
100						
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		↔	50	↔		↔
TOTAL CLAIMS			51			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara Campbell  
National Stage Processing  
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